



Patient Safety Component – Outpatient Dialysis Center Practices Survey

OMB No. 0920-0666
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* required for saving

Facility ID#: _____	Tracking #: _____ *Survey Year: _____
<p>*1. Ownership of your dialysis center? <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Government <input type="checkbox"/> Military <input type="checkbox"/> Veteran's Affairs</p> <p>*2. Location of your dialysis center? <input type="checkbox"/> Hospital based <input type="checkbox"/> Freestanding <input type="checkbox"/> Freestanding but owned by a hospital</p> <p>*3. Is your facility part of a group or chain of dialysis centers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of group or chain: _____</p> <p>*4. Person(s) responsible for collecting data for this dialysis surveillance project (check all that apply): <input type="checkbox"/> Dialysis RN <input type="checkbox"/> Dialysis technician <input type="checkbox"/> Administrator <input type="checkbox"/> Hospital-affiliated infection control practitioner <input type="checkbox"/> Other: _____</p> <p>*5. Is there someone at your unit in charge of infection control? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> A dialysis staff member is in charge of infection control <input type="checkbox"/> A hospital infection control practitioner comes to our unit <input type="checkbox"/> Other: _____</p> <p>*6. Has this dialysis center participated in our surveillance system in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much time per month (approximately) did you spend on this surveillance system in the past? Approximately _____ hours per month Suggestions for improvement: _____ _____ _____</p> <p>*7. Do you have ≥ 1 patients with known HIV infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>*8. Do you have ≥ 1 patients known to be injecting drug users? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>*9. Do you have ≥ 1 patients who receive total parenteral nutrition (TPN) during dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>*10. On an average shift at your dialysis center, how many patients receive hemodialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>*11. On an average shift at your dialysis center, how many of each perform patient care for hemodialysis patients? <input type="checkbox"/> RNs <input type="checkbox"/> Patient care technicians <input type="checkbox"/> Other patient care staff</p> <p>*12. Do you ever use intranasal Mupirocin (trade name Bactroban) to eliminate <i>S. aureus</i> from patients' noses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate number of patients receiving it per month _____</p> <p>*13. Before puncture of a graft or fistula, the area is washed or prepped with: (check all that are commonly used) <input type="checkbox"/> Nothing <input type="checkbox"/> Plain soap <input type="checkbox"/> Antibacterial soap or scrub <input type="checkbox"/> Povidone-iodine <input type="checkbox"/> Alcohol <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Other: _____</p>	

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Outpatient Dialysis Center Practices Survey (continued)

- *14. Check your **most common practice** for drawing blood cultures. One puncture of the patient's vein or the blood port equals one culture; if several bottles are inoculated from one puncture, this counts as one blood culture.
- ☐ 1 blood culture drawn by venipuncture
 - ☐ 1 blood culture drawn through blood line
 - ☐ 2 blood cultures, both by venipuncture
 - ☐ 2 blood cultures, 1 drawn through blood line and 1 by venipuncture
 - ☐ 2 blood cultures, both drawn through blood line
 - ☐ Other: _____
- *15. If coagulase negative staphylococci (CNS) are found in a blood culture, are you able to determine whether the CNS grew in one versus more than one blood culture? ☐ Yes ☐ No ☐ Don't know

Dialysis Catheters

- *16. Brand names of dialysis catheters used in your patients: ☐ check if don't know

Permanent (cuffed, tunneled) catheters		Temporary (noncuffed, nontunneled) catheter	
Manufacturer (e.g., Quinton)	Model (e.g. Permacath)	Manufacturer	Model

- *17. Job classifications of staff members who provide dialysis catheter care (access catheters or change dressing)(check all that apply): ☐ RN ☐ LPN ☐ Technician ☐ Other: _____
- *18. Before access of dialysis catheters, the catheter port site (usually a rubber diaphragm) is prepped with (check the one most commonly used):
- ☐ Nothing ☐ Povidone-iodine ☐ Chlorhexidine ☐ Alcohol ☐ Multiple agents
 - ☐ Other: _____
- *19. Is it routine practice at your center to soak the catheter cap connection in povidone-iodine before removing the catheter cap? ☐ Yes ☐ No
- *20. When a dialysis catheter dressing is changed, the exit site (i.e., place where the catheter enters the skin) is cleaned with (check the one most commonly used):
- ☐ Nothing ☐ Povidone-iodine ☐ Chlorhexidine ☐ Alcohol
 - ☐ Other: _____
- *21. For dialysis catheters, is antibacterial ointment routinely applied to the exit site during dressing change?
- ☐ Yes ☐ No
 - If yes, what type of ointment? ☐ Povidone-iodine ☐ Mupirocin
 - ☐ Bacitracin/polymixin(polysporin) ☐ Other: _____
- *22. How often do you use a chlorhexidine patch (e.g., Biopatch) to cover the catheter exit site?
- ☐ Never ☐ Sometimes ☐ Frequently or always
- *23. Specify type of dressing used over dialysis catheters (check types that are commonly used):
- ☐ None ☐ Gauze ☐ Prepackaged kit ☐ Band-aid ☐ Transparent
 - ☐ Chlorhexidine patch (e.g., Biopatch) ☐ Other: _____
- *24. How often is the dressing changed for most patients with hemodialysis catheters?
- ☐ times per week